

THE AMERICAN JOURNAL OF NURSING

VOL. IX

FEBRUARY, 1909

NO. 5

EDITORIAL COMMENT



THE ITALIAN DISASTER

LONG before this editorial is in the hands of our readers, all will have had an opportunity to contribute some small sum toward the Red Cross fund for the relief of the earthquake sufferers. The American nation has felt most deeply the calamity of Italy, so many of whose sons are among us. Again the value of organization has been made manifest in the ease with which contributions have been collected and forwarded by the Red Cross.

At the end of the first week in January the Red Cross reported the progress of its work up to date as follows:

"We have sent to the Italian Red Cross, including the \$20,000 from the *Christian Herald*, a total of \$320,000; this will be used for their relief work. They have a large number of field hospitals, with full equipment and an active personnel, which they are using in this relief work.

"Furthermore, \$100,000 has been sent to the American Ambassador, Mr. Griscom, in Rome, for the purpose of providing a relief ship in charge of an American committee at Rome, of which Mr. Griscom is the chairman. This ship will be maintained by the Red Cross.

"Ten thousand dollars was cabled to Mr. Bayard Cutting, who is at Messina, and who is the special representative of the American Red Cross, so that in case he finds means of rendering immediate assistance, especially in the case of any Americans who have suffered, he will have funds on hand."

CURRENT LITERATURE OF INTEREST

ON every hand magazine articles and books are appearing which deal with some phases of mental healing, Christian Science, the Emmanuel Movement, etc. Nurses who are interested in these subjects can hardly keep abreast of the information offered, and even those to whom the word

psychology is a bugbear must be aware that something new is going on in the world of medicine. Most of us can remember many cases of "nervous prostration," "neurasthenia," etc., which seemed in the past to defy the skill of physicians to aid, or of their understanding to penetrate.

Doctors are now awaking to the fact that they have not been advancing in the study of mental disturbance as fast as in other branches of medicine and that they, themselves, are partly responsible for the success of Christian Science, New Thought, etc. It is just beginning to be known that a study of psychology with its consequent better understanding of the mental life of man is essential to a physician who undertakes to practise as a neurologist, yet until this past year no medical college has included psychology in its curriculum. Now, if we are rightly informed, five medical colleges are adding to their resources an equipment for the study of psychology and for special preparation in the treatment of patients from the mental as well as the physical standpoint. The attitude of many medical men of the past in the face of nervous disturbances, that of baffled uninterestedness, will soon, it is hoped, be a thing of the past.

The Emmanuel Movement in Boston has been an effort to combine the ministries of the spiritual adviser, the mental healer, and the skilled physician. Patients who have presented themselves for treatment have first had the benefit of skilled medical examination and diagnosis. If a condition was discovered which called for a doctor's services, these were given; if not, the case was passed on to Dr. Worcester, the clergyman at the head of the movement, who by mental suggestion and spiritual aid has helped wonderfully many patients whose wills or habits of thought needed to be brought to their own aid in order that they might recover full physical vigor.

The Emmanuel Movement has been copied in other parts of the country and it is said that there are now forty churches in which it is practised in some form. A very full and clear account of it is given by Ray Stannard Baker in the *American Magazine* for December under the title "Healing the Sick in the Churches."

Medical opinion, which at first seemed to favor this movement as a valuable aid to its own ministrations, is now turning against it, if we may judge from the numerous articles which are appearing in newspapers, magazines and the medical press. Two, which are well worth reading, appear in the *Journal of the American Medical Association* for January 9, written by Dr. Collins of New York and Dr. Edes of Boston.

Dr. Collins seems hardly to present the Emmanuel Movement in a fair light, as he accuses Dr. Worcester of making the diagnosis and using the physician to carry out his wishes. He claims that mental treatment, where such is needed, can best be administered by a skilled physician. There is, of course, danger that ministers in other places may work without the same medical co-operation and diagnosis and may do unintentional harm, or that men who are not trained psychologists and who do not know how to administer mental treatment wisely, may take it up.

Dr. Edes lays stress upon the fact that most physicians have not the time nor patience to go into all the details necessary for the right understanding of many cases of nervous breakdown.

The American Magazine for January has a second article by Mr. Baker on social service in connection with hospitals. This is work in which nurses are of the utmost value. Most of us know of the work being done by Miss Wadley at Bellevue and by Miss Cannon at the Massachusetts General. Miss Franklin's article in this JOURNAL gives a clear idea of such service as carried out in connection with dispensaries. To follow patients to their homes and remedy the conditions which brought about their disease or to continue and make effective the treatment started in the hospital, is one of the most sane and rational steps forward in preventive medicine and philanthropy.

One reform for which there is a crying need is the education in maternity or general hospitals of young mothers with their first babies. The two are given the best of medical and nursing care during and after the confinement and are discharged at the end of ten days or two weeks to follow their own devices. Such mothers should at least be allowed to see the babies bathed in the nursery, just before leaving the hospital, while the nurse explains what is being done and why. This is not nearly so good as the plan Miss Franklin describes of teaching the mothers in their homes by demonstration, but where there is no social-service nurse to follow the patients home, it would be better than nothing.

Every nurse in training who is caring for young mothers could help a little to instruct them by talking with them during the morning bath about the care of themselves and their children, not going into the subject too deeply; and questioning them on succeeding days to be sure they understand. She could take up such topics as the need of cleanliness, the importance of breast feeding at regular and not too frequent intervals; she can suggest giving water to drink, tell how to watch the movements, when to call a doctor, the advantages of fresh air, etc. If some of these subjects are discussed daily during the routine treatments part, at least, of the hearers will take the lessons to heart and some baby may be saved from ignorant ill-usage.

Those nurses whose work lies among larger children will be interested in an article in *The Journal of the American Medical Association* of December 9 on "The Curative Effect of Rest in Children with Persistent Loss of Appetite," by Dr. Irving M. Snow.

BREAD-MAKING

How many of our readers who are recently married and who are deeper in the problems of "housekeeping for two" than in nursing affairs, are making delicious bread for the other half of the "two?" How many of our nurses living together in flats, and cozily keeping house, have good home-made bread when some one of the number is at home long enough to make it and others of the group are likely to be in long enough to eat it?

There are several difficulties in the way of having home-made bread. One is that so few people know how to make bread or dare attempt it; another is that, alas, some of those who know how are too lazy to take the trouble to make it when it can be bought so easily; a third arises, in the case of a few overburdened mothers from lack of time and strength for making food which can be bought. Where it is a question of conservation of precious strength and energy for some one already too weary, the buying of bread becomes excusable, but in most cases we venture to disagree with Miss Hamman's statement on another page that where good bread can be purchased it is wiser to buy it.

Home-made bread is not only more delicious (if well made) and more wholesome, but also less expensive. Let any one who doubts this buy a sack of the best flour and use it for bread alone, keeping account of the number of loaves it makes. After due allowance for yeast, milk, and fire, she will find that it has cost much less than five cents a loaf, and that each loaf goes further than a baker's loaf of apparently the same size.

Miss Hamman gives us in this JOURNAL a definite, clearly-explained recipe for bread, and we are hoping that with a rule so simple, and directions so minute, many of our housekeepers will pluck up courage to try it.

Private duty nurses, who spend their lives in the homes of others, can testify that good home-made bread is rarely met with and that many people buy baker's bread without knowing or thinking of the conditions under which it is made.

What is our duty as nurses in regard to bread? First, if we are housekeepers, to give those dependent on our ministrations the best of bread. Second, to educate other housekeepers to the advantage of home-

made bread. Third, to educate ourselves, and those with whom we have to do, to an awakened conscience in regard to bread which is bought. We can at least inquire of our dealer where the bread is made, under what conditions, whether the premises and employees are clean.

Mrs. Von Wagner, in an article on another page, tells of tuberculosis patients who are employed as bakers. She is not a theorist but a woman working among the conditions she describes. We all accept and eat without question bread which has passed through many pairs of hands between the oven and our table. How many of those hands were clean—laying aside the question of disease?

In some cities there are bakers who do up their loaves in waxed papers as they are taken from the oven. Although this process does not assure us of cleanliness of manufacture, it does eliminate a large amount of handling after the loaf is baked and if we are forced to buy bread, we should take pains to get these covered loaves, both for our own partial protection and to encourage the baker who is taking one step toward decency.

THE USE OF THE R.N.

SOME of our registered nurses are in doubt as to the proper use of the initials R.N., and their confusion arises largely through comparison with the physician's use of his M.D. The usages are not and cannot be the same.

When a man graduates from a medical college in this country the prefix "Mr." is dropped entirely and his name is written John Smith, M.D., or Dr. John Smith. In either case the "M.D." or the "Dr." has the same meaning and may be interchanged. A woman physician drops "Miss" from her name completely and becomes Dr. Mary Smith or Mary Smith, M.D. She never uses the two together, because they have the same meaning.

With a nurse it is otherwise. When she graduates from a training school she does not become Nurse Mary Smith. She does not drop the "Miss" from her name. She is Mary Smith, R.N., if she is registered, or (Miss) Mary Smith, R.N., in a signature. The two terms do not mean the same thing, do not contradict each other, and it is a matter of taste whether both shall be used.

Unless she is an R.N. and signs herself so, no one knows from her signature whether she is a nurse or not, she has no way of indicating her profession. In social usage we do not care to proclaim our calling and prefer to be simply Mary Smith, but professionally it is our duty and privilege to help educate the public by using the letters in all business communications.

If Mary Smith was registered in Minnesota and goes to practise in some other state, she will sign herself Mary Smith, R.N. (Minnesota) until she has become registered in her new state.

We admit that the Official Directory of the JOURNAL has not been quite consistent in its printing of names. At the time it first appeared, it was customary to print all lists of names with the prefixes Miss or Mrs. As changes of officers have been made in the various societies, the names have been altered, but the whole directory is not reset each month; this accounts for the long row of Misses which still stands, though usage has altered, and the names in the body of the JOURNAL are printed without the prefix. It is also true that many names which deserve the R.N. are not credited with it in the Official Directory. For this we are not responsible; they are printed as they are sent to us, and the JOURNAL cannot add the R.N.'s without authority.

In this connection we wish to remind New York state nurses who registered in 1906 that this is the time for re-registering their certificates.

AN INVITATION TO BETRAY A TRUST

A CIRCULAR letter is being sent to nurses which reads: "‘The Confessions of a Trained Nurse’ now being published in the Sunday New York — are of vital interest to every professional nurse. They are the intimate stories of the bedside and hospital ward—the stories of the ministering angels who stand closest to the sick and dying. You should read them—they will surely interest and entertain you. And you may have some experiences of your own which you would like to tell to the —."

We believe that most nurses are good women, and that they will resent being called ministering angels, and in the same breath invited to act in a way unworthy of mortals. The principles of the Hippocratic Oath are binding upon us, whether we have formally assented to them or not. If we wish to discredit ourselves with the public, there could not be a better way than for many to respond to such a request. Nothing could more effectively shake the confidence of people, and lead them to avoid and mistrust us, than to read a series of "intimate stories of the bedside and the hospital ward."

CHANGE IN FORM OF NEWS ITEMS

THE demand for space for official reports, announcements, and news items has increased so rapidly of late that a change in the form of grouping such items has been made, by which some space is saved, and more items can be accommodated. Announcements of marriages, births,

and deaths still appear in a column by themselves, but all other items are arranged under state headings, and it is hoped this may prove more convenient for our readers in aiding them to find quickly news from their own locality. If they look in vain, and are disappointed, this means that some one in their association or school should be stirred up to send us news. Inquiries sometimes reach us as to why certain sections are better represented than others, and the reply is always the same, that we print what we receive and cannot know by intuition what is going on about us. We welcome all news items, personal or official, though we are sometimes obliged to cut out items of only temporary interest or to curtail a too lengthy report. By "temporary interest" we mean such items as "Hannah Jones has been visiting her parents in Idaho." That is of interest locally, but is not of permanent importance. If Hannah Jones accepts a hospital position in Idaho, the fact may be of interest and value to many different readers for many reasons, aside from personal ones.

It is hoped that our readers will always look under the heading "National" to see whether there are any announcements from the Associated Alumnae or the other national organizations, also that they will be interested sometimes to see what is going on in other states than their own. Very good ideas for programs or entertainments can be gained at times from the official reports.

NEWS FROM ITALY

THE following extracts are from a letter written by one of the nurses of the Henry Street Settlement, who has gone to Italy for a six months' vacation and needed rest. The tragedy of the earthquake and her nurse's instincts have interrupted her holiday for the time being:

"HOTEL BELLEVUE, Naples, January 2, 1909.

"You know by now what a sad place Naples is, and of course you know I volunteered. . . .

"January 4.

"And now I wish to report to my head nurse that I have five wards, responsibility for medication, feeding, clothing, covering. Let him take who has the power, let him keep who can—is the rule in this half-finished lunatic asylum that has been opened as an emergency hospital.

"I was wild for forty-eight hours, seeing motor after motor car whiz past with laden stretchers, and not getting a place to work. But Miss —, like the dear she is, sent me splendid introductions, and now I have medical and surgical patients in plenty. All the medical are surgical, too. When I see you, such a story of work under difficulties as I shall tell—not with the authorities, thank God! The army, navy, doctors, sisters of charity, and priests are all wonderful, there is no other word.

"The ladies and university lads fetch and carry back and forth in this truly immense place. I have the freedom of the establishment, drugs, dressings, food and clothes, blankets and beds. But there is not a wash basin or bathtub in the place! I took the only cake of soap in sight with me.

"To-day I spent all my time going around to every back in my section (five wards) with a bottle of alcohol, a roll of cotton and a jar of vaseline. I had more use for the cotton and vaseline than for the alcohol. The abrasions from falling stones are truly awful. The *infirmiéra's* (nurse) idea of a clean bed is to leave the patient carefully alone until the mattress is to be thrown away. All the bed-clothes go to—I don't know where yet. My doctor is most satisfactory. I took him into the garden and showed him where the porters put the dressings. Many just throw them out of the windows. This is *not* a military hospital, so we got a squad of men, had some pits dug, and started in preventive work. We have already several hundred patients, and more arriving all the time. There is no hot water in the house, and the cold is turned off because the pipes are defective.

"I am trying to fill the breasts of a lot of *infirmiéra* with helpless admiration for a mackintosh and draw-sheet. I got an American to get me some rubber sheeting, and I shall sleep to-night, though not a patient has been bathed."

"P. S. I sleep at the hotel at night and carry my food to work.

"P. P. S. I would give my two best frocks for an old uniform and my invaluable bag. Oh, dear! that is beyond price! I can't buy a suitable anything. You should see me!"

ANÆSTHESIA, again. "While attending the meeting of the British Medical Association at Sheffield this past summer, I heard a distinguished surgeon refer with considerable pride, as well he might, to a series of one hundred consecutive operations of a difficult nature in which there were no deaths inherent to the operations themselves, but in which there were, unfortunately, four deaths from the anæsthetic. This appalling mortality of four per cent. from the anæsthetic was rather more than some of us Americans present could allow to pass without comment, and one rose to the occasion and in speaking referred to the well-known fact that in America we have three records of consecutive anæsthesias without a death, of which we are justly proud—one of 6000, one of 8000, and one of over 12,000—and that the anæsthetist in all of the series was a graduate nurse."

[Address of Dr. Charles N. Smith, given at the Ohio State meeting.]